

STATE OF HAWAII
CLAIM FOR LOST CHECK

TO: COMPTROLLER, State of Hawaii
(Attention: Accounting Division)

Claim is hereby made for a duplicate payment to replace the check identified below, which was received but subsequently: ☐ Lost ☐ Stolen ☐ Other Circumstances relating to the loss of theft, etc. are as follows:

The check ☐ was ☐ was not endorsed. If the check was endorsed, please provide the full endorsement, including any restrictions, in the adjacent block.

If it is determined that the check has been received and paid by the State Treasury, forward photocopy of cashed check (front and back) to expending agency, for endorsement verification.

If it is determined that the check is still outstanding, place stop payment on check, issue duplicate payment, and forward duplicate payment to expending agency. (It is understood that a duplicate payment may not be issued if the payee has properly endorsed the check without restriction.)

If it is determined that the check is void as stated on the face of the check, reissue payment, and forward reissued payment to expending agency.

FOR COMPTROLLER USE ONLY

Action Taken on Above Request:

- ☐ 1. Photocopy of cashed check sent.
- ☐ 2. Stop payment date _____
- ☐ 3. Issued duplicate check:
Number _____ Date _____
- ☐ 4. (Other) _____

Initials _____ Date _____

(Signature of Payee/Title, if applicable)

(Signature of Payee/Title, if applicable)

(Telephone No.)

(Date)

(Departmental Contact Person)

(Telephone No.)

(Department / Name of Expendig Agency)

CHECK IDENTIFICATION

INSTRUCTION: Payee name must be **completely** and **exactly** as shown on the State of Hawaii check.
Refer to **Report 106** for exact payee name, if applicable.

Payee _____

Department Voucher No. _____ Check Amount \$ _____

Comptroller Voucher No. _____ Check Date. . . _____

Payroll No. & Check
Distribution Code. _____ Check Number. . . _____
(If applicable) (Fund) (Number)